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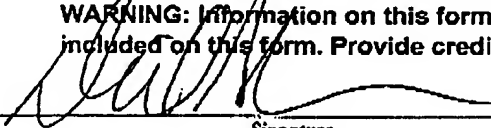
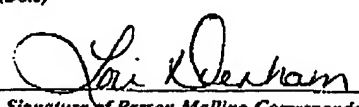
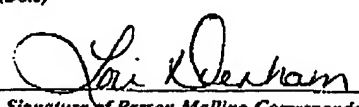
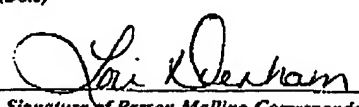
To: Examiner Mark A. Williams, Art Unit 3676
Of: U.S. Patent and Trademark Office
From: Rosenbaum & Associates, P.C.
Client/Matter: 6056-001
Date: Friday, April 8, 2005

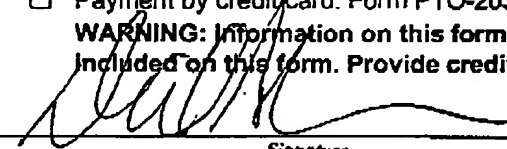
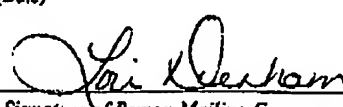
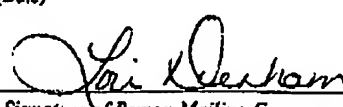
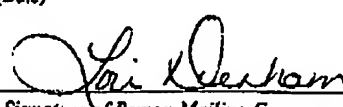
DOCUMENTS	NUMBER OF PAGES*
Transmittal document	1
Amendment Transmittal (1 page in duplicate)	2
Amendment	8
Petition for One Month Extension of Time (1 page in duplicate)	2
TOTAL	13

COMMENTS: In Re: U.S. Serial No. 10/754,021
Applicant: David Roberts
Attorney Docket No. 6056-001

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TELEPHONE (847) 770-6000 • FACSIMILE (847) 770-6006

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. 6056-001							
Applicant(s): David Roberts												
Application No. 10/754,021	Filing Date 1/8/04	Examiner Mark A. Williams	Customer No. 29,335	Group Art Unit 3676	Confirmation No. 7140							
Invention: A UTILITY HANDLE PROVIDING ENHANCED GRIP AND COMFORT												
<u>COMMISSIONER FOR PATENTS:</u>												
Transmitted herewith is an amendment in the above-identified application.												
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27												
The fee has been calculated and is transmitted as shown below.												
CLAIMS AS AMENDED												
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE							
TOTAL CLAIMS	15 -	20 =	0	x \$25.00	\$0.00							
INDEP. CLAIMS	2 -	3 =	0	x \$100.00	\$0.00							
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00							
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 18-2000 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
 _____ Signature			Dated: April 8, 2005 <i>Cert. of Facsimile</i>									
David G. Rosenbaum (Reg. No. 31,872) ROSENBAUM & ASSOCIATES, P.C. 650 Dundee Road Suite #380 Northbrook, IL 60062 Tel. (847) 770-6000 Fax (847) 770-6006			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on April 8, 2005 to (703) 872-9304. _____ (Date) </td> </tr> <tr> <td colspan="2" style="text-align: center;">  _____ Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Lori Dunham _____ Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>				I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on April 8, 2005 to (703) 872-9304. _____ (Date)		 _____ Signature of Person Mailing Correspondence		Lori Dunham _____ Typed or Printed Name of Person Mailing Correspondence	
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00							
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